

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10062114</i>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							
2	/	-						
3	/	-						
4	/	-						
5	/	-						
6	/	-						
7	/	-						
8	/	-						
9	/	-						
10	/	-						
11	/	-						
12	/	-						
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL IND.	/	↓		↓		↓		
TOTAL DEP.	/	↓		↓		↓		
TOTAL CLAIMS	12							
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS								